

**Background:** Pharmacists face challenges that might compromise their job satisfaction. Currently, there is a lack of information regarding the level of pharmacists' job satisfaction in the Arab world. This study objective was to explore in-depth the pharmacists' satisfaction level and the challenges they encounter in their career path in the Arab world. The results of the present study will allow policymakers to take corrective actions to improve pharmacist's satisfaction based on the information gathered.

**Methods:** This qualitative study was part of a large quantitative study. Data were collected using a self-administered electronic questionnaire posted on pharmacists' social media (Facebook/Twitter/LinkedIn/WhatsApp) networks in 18 Arab countries. The thematic analysis followed was an inductive analytic methodology using a constructivist paradigm. The electronic survey was administered through Qualtrics Survey Software (Qualtrics, Inc, Provo, UT). The survey link was open from March 22, 2021 to May 1, 2021. The survey was reposted daily to increase response rates. Pharmacists were free to add any additional comments about job satisfaction and job dissatisfaction at an optional open-ended question.

**Results:** The results relied on the comments of 110 pharmacists. The survey data demonstrated several reasons underlying job dissatisfaction among Arab pharmacists. However, underestimation of the pharmacists' role, low salaries, lack of motivation and excessive workload were reported as major contributors to job dissatisfaction. On the other hand, professional commitment and the culture of the work setting were the major contributors to job satisfaction.

**Conclusions:** Government officials and pharmacy profession stakeholders in the Arab countries should consider the outcomes of this study to address the underlying causes of job dissatisfaction among Arab pharmacists. While the results of our study reveal the need to improve the work environment for pharmacists, the authors also recommend careful attention to pharmacy education to better prepare pharmacy graduates for the global dynamic changes in the pharmacy practice.

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#### Abstract 162

##### Pharmacist action at the pharmacy checkpoint before safe drug dispensation to older people

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**Background:** To contribute to rational use of medicines, pharmacists assess prescribed drugs at a "pharmacy checkpoint" before dispensing. The objective was to investigate pharmacists' action at the pharmacy checkpoint, with focus on older people's medication.

**Methods:** The medication lists of 292 older patients (median age: 74.5 years (range: 65–99), 59% female) were independently assessed by two experienced licenced pharmacists, regarding potential barriers for dispensation. For each patient, the medication list was categorised in three mutually exclusive groups: (i) the drugs can be dispensed without pharmacist action, (ii) the drugs can probably be dispensed after verification with the customer, or (iii) the prescribing physician should probably be contacted for queries or verification before dispensation. In cases where both pharmacists concordantly determined that physician contact was required before safe dispensation, underlying reasons and pharmacotherapeutic suggestions were analysed.

**Results:** The first pharmacist assessed that 117 (40%) medication lists could be dispensed without further action, 115 (39%) required verification with the customer, and 60 (21%) required contact with the prescribing physician. The corresponding numbers for the second pharmacist was 158 (54%), 81 (28%), and 53 (18%). The pharmacists made concordant assessments in 192 (66%) cases (kappa: 0.46). In 37 (13%) cases, both pharmacists determined that physician contact was probably required before safe dispensation. In these cases, both pharmacists described that the barrier for dispensation was  $\geq 1$  potential drug interaction (n=35, 95%), dosing issues (n=9, 24%), and/or that it had to be ascertained that laboratory tests were checked (n=5, 14%). Frequent

pharmacotherapeutic suggestions to the prescribing physician were to replace one drug with another (n=14, 38%) or to add a gastroprotective agent (n=8, 22%).

**Conclusions:** About half of older patients' medication lists were assessed as requiring pharmacist action before the drugs could be safely dispensed. The moderate inter-rater agreement illustrates the complexity facing pharmacists at the pharmacy checkpoint.

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#### Abstract 163

##### Expanding pharmacist role in the management of opioid use disorder through extended-release buprenorphine administration, a qualitative analysis

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**Background:** Canadian pharmacists are injection-trained and starting to provide subcutaneous (SC) administration of extended-release (ER) injectable buprenorphine for patients with opioid use disorder (OUD). This is a novel service and a step towards building collaborative practice in opioid stewardship. This project aims to explore the perception and experience of pharmacists and prescribers involved in pharmacist-led ER buprenorphine administration for patients with OUD within community pharmacies, and identify perceived barriers to the provision of the service.

**Methods:** This project undertook a qualitative research method of study using one-on-one semi-structured interviews. Purposive sampling was obtained through snowballing informal contacts and corporate contacts within Ontario, Canada. Thematic analysis was undertaken using NVivo 14.

**Results:** We interviewed 9 pharmacists and 3 prescribers (2 nurse practitioners and 1 physician). Nearly half of the participants identified as male (n=5) and practicing in an urban setting (n=7). Interviewed pharmacists had on average 1 year of experience delivering BUP injections and 8 years of pharmacy practice experience. Qualitative data analysis resulted in 4 themes. In the first theme, pharmacists took on various roles in providing care for patients with OUD. Aside from giving injections, they coordinated patient care, managed drug safety, and provided individual consultations. Prescribers in particular, acknowledged pharmacist capability in medication reconciliation. The second theme noted perceived benefits to patients, pharmacists, prescribers, and the health care system. The third theme documented barriers for buprenorphine injection administration inherent in patients, the neighbourhood, for pharmacists and pharmacies, and in existing procedures and regulations. Lastly, the fourth theme provided recommendations for improvement, for pharmacies and pharmacists, and for existing procedures and regulations.

**Conclusions:** Pharmacist administration of ER buprenorphine can support collaborative practice and enhance care for patients with OUD. Efforts to minimize or remove barriers in practice will further strengthen pharmacist ability to provide this novel service.

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#### Abstract 176

##### Alberta pharmacists' practices and barriers in providing comprehensive COPD care

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**Background:** Community pharmacists can support COPD patient care by clinical assessment, optimization of pharmacotherapy, and supporting self-management in the community. We aimed to explore whether Alberta pharmacists provide comprehensive COPD care (e.g., optimization of therapy), what factors are